Do not use this space. MISSOURI STATE BOARD OF HEALTH ACTLY. PHYSICIANS should state of OCCUPATION is very important. BUREAU OF VITAL STATISTICS FEB 18 1937 CERTIFICATE OF DEATH Registration District No..... Primary Registration District No..... Registered No.....Ward. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred đs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH stated EX 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5a. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** AGE should be assified. Exact (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at cause of death and related causes of Importance were as follows: 7. AGE YEARS MONTHS DAYS day,hrs. Date of enset Trade, profession, or particular kind of work done, as spinner, **DCCUPATION** sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at Total time (years) spent in this this occupation (month and causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) FATHER 13. NAME Name of operation What test confirmed diagnosis? Novel Was there an autopsy? No 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

